MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I"AMENDMENT AFTER 2 MANGRAMENT AS FILED AFTER IND. I AMERIMENT 1 MANEKOMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 35 · TOTAL IND A T TOTALEX B P TOTAL DEP **∳**¤ TOTAL DCP **€**¤ TOTAL. CLADAS PTOLISCA CUEST COMO U.S. DEPARTMENT of COMMERCE

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